

HUSKY Update



Prepared for MAPOC
September 18th, 2015



- Application Timeliness
 - Overview
 - Application Timelines
- Past Present and Future
 - MAGI Medicaid Process Overview
 - 2014 Open Enrollment Challenges
 - Our Tactical Approach
 - Our Strategic Approach
 - 2015 Open Enrollment



**Connecticut Department
of Social Services**

Making a Difference

Application Timeliness

Overview



- With Medicaid/HUSKY Health enrollment in excess of 700,000 Connecticut residents, application processing has advanced significantly.
- Long-Term Services & Supports: timely processing rate of nearly 90% or greater through SFY 2015.
- HUSKY C: marked improvement - from under 74% in June 2014 to over 92% in May 2015.
- HUSKY A & HUSKY D: real-time application determinations when applying through the DSS-Access Health CT shared eligibility system, meaning that applicants have no wait time for technical eligibility determinations.



■ Standard of Promptness

- 45 days for most Medicaid applications (HUSKY A, HUSKY D and HUSKY C based on age).
- 90 days for applications based on disability (HUSKY C).
- DSS must determine eligibility within the Standard of Promptness unless unusual circumstances exist (Federal regulation).

■ Application Categories

- MAGI-based Applications
 - HUSKY A
 - HUSKY D
- Non-MAGI Based Applications
 - HUSKY C
 - Long Term Services and Supports (LTSS)



- Timeliness is reported monthly.
- Monthly report cannot be completed until the longest Standard of Promptness (90 days) has passed for applications received on the last day of the Report Month.
- This results in a 4-month reporting lag:

Example – for the May Report Month, assume a disability-based application (90-day Standard of Promptness) is received on May 31st. We will not know if this application has been processed timely until 90 days has passed (end of August). The May Timeliness Report is issued in September.



- **Non-LTSS Application Timeliness**
 - Time between receipt of application and completion of EMS case.
 - Applications completed within the Standard of Promptness are timely.
 - Applications not completed within the Standard of Promptness are not timely.



■ Long-Term Care (LTSS) Applications

- The most complex category of Medicaid.
 - Transfer of asset reviews.
 - Trust and annuity reviews.
 - Spousal assessments.
- Time between receipt of application and completion of EMS case.
- Applications completed within the Standard of Promptness are timely.
- Applications not completed within the Standard of Promptness are counted as timely IF the initial verification request was promptly issued AND there is an excused delay (e.g., extension provided for applicant to provide verifications).
- Federal regulations account for exceptional circumstances, i.e. excused delays.



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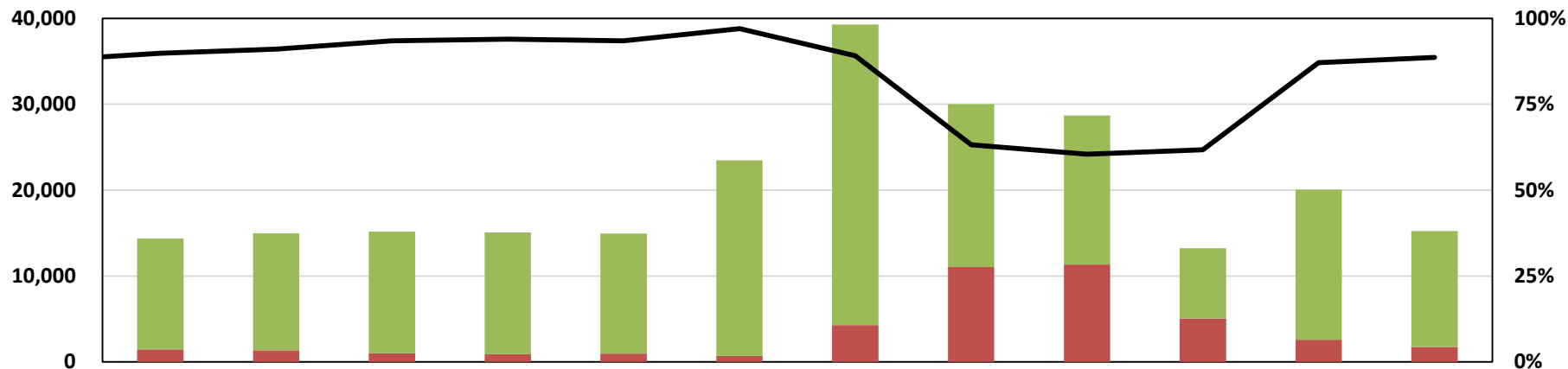
Making a Difference

Application Timeliness

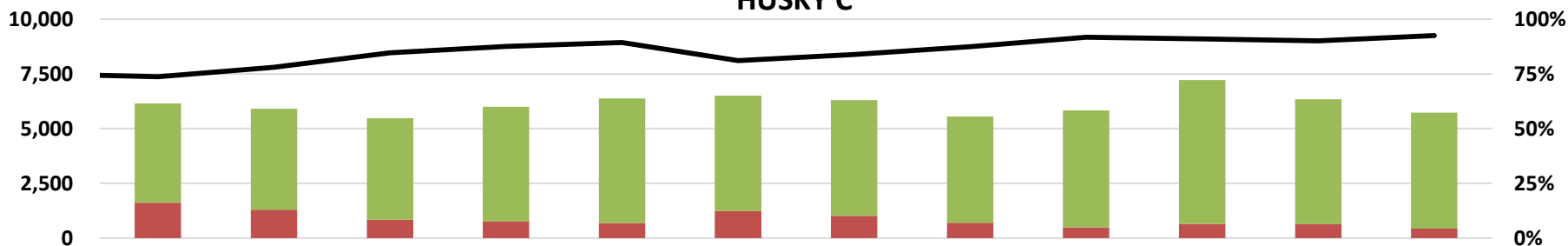
Past, Present and Future



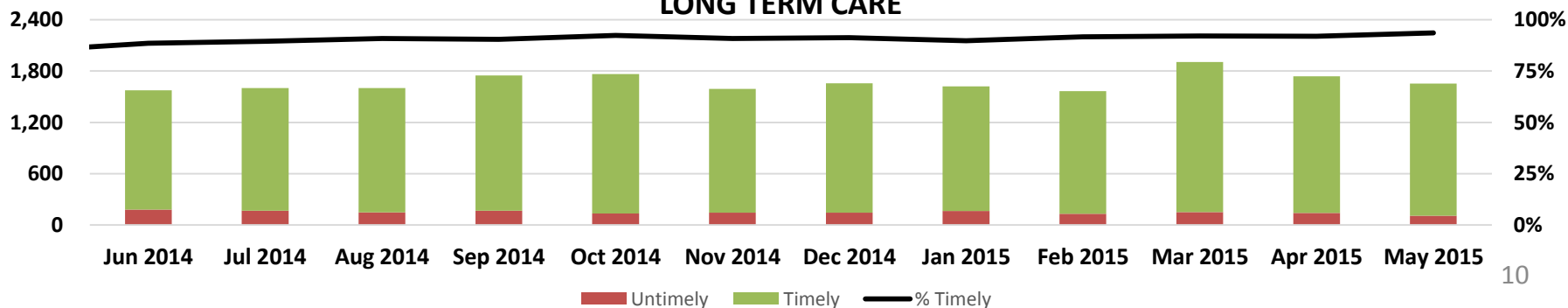
HUSKY A and D

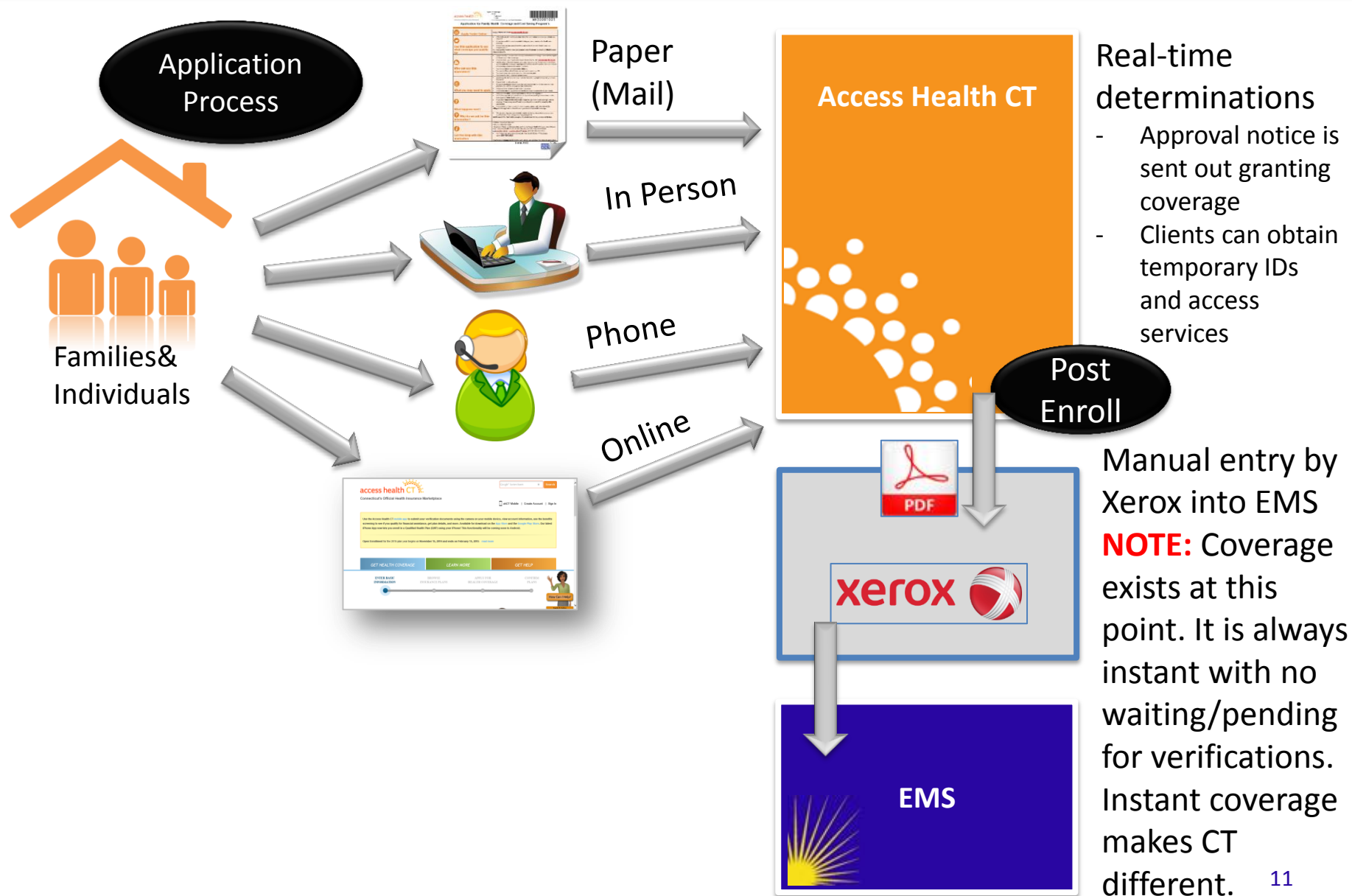


HUSKY C



LONG TERM CARE







- Increased volume of work was a combination of:
 - Startup of the MAGI Renewal process (1 year anniversary).
 - Transition of non-MAGI (EMS) to MAGI (AHCT).
 - Open Enrollment media coverage naturally increases application activity.

- Increased volume exacerbated system issues (such as Multiple Initial Applications) and PDF data entry time took longer:
 - Data entry relied on system research and assessment.
 - But the good news is that people are officially enrolled and could access services, even if not entered into EMS; but the clock continues to tick.



Prioritized Xerox resources to focus on Intake activities to address “downstream” results:

- Lowered priority of changes and discontinuances.
- Added approximately 44 more temporary Xerox staff.
- Required 5 hours of weekly overtime for Xerox staff.



- In May we launched a business process “leaning” initiative across ALL of the Xerox MAGI work streams, to help adapt to Access Health CT/DSS system intricacies.
- Goal: Eliminate ALL work-in-progress by November 1st 2015.
 - This is before the start of 2015 Open Enrollment
 - Open Enrollment is when the volume of work increases again for Qualified Health Plans and for Medicaid (4x the volume compared to the rest of the year).
- Questioned every aspect of the business processes
 - Optimized a process and then would return in a few weeks and review and make further refinements.
 - Still challenging ourselves and still implementing changes as of September.



Results:

- Intake PDF inventory eliminated in July.
- Intake PDFs are typically processed the same day or within a day or two.
- Paper applications and renewals are typically entered the same day or within a day or two.



- *Sustaining and Improving HUSKY A and D Application Timeliness During 2015 Open Enrollment:*
 - Multiple Initial Applications (MIA) issue at Access Health CT intake portion of shared system will be fixed in October.
 - This defect added significant complexity to intake PDF processing.
 - Cleanup is a separate task but situation will not get worse.
 - Pre-2014 HUSKY A and D cases have transitioned to MAGI:
 - Reduced number of paper applications coming in.
 - Most paper applications are for case updates.
 - Increased auto-renewals from 6% to 64%.
 - Fewer paper applications to process.
 - More first time renewals vs processing disenrollments, followed by late renewal submissions and reinstatements.



- *Sustaining and Increasing HUSKY A and D Application Timeliness During 2015 Open Enrollment (continued):*
 - Significant increases in productivity:
 - PDF data entry productivity by a factor of six (6).
 - Paper form data entry by a factor of two (2)
 - Processing capacity has increased:
 - Cross trained workforce for increased flexibility.
 - Able to process much greater volumes of PDFs
 - Expecting less “woodwork effect” in our third year of Open Enrollment



Thank You!

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